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ABSTRACT

This review examines previous research on societal attitudes toward homosexuality. It notes that sex-role rigidity in society has an impact on societal attitudes toward homosexuality; in societies with rigid sex-roles, gay men and lesbian women are disliked and rejected more than in societies with liberal sex-roles. Society's stereotypes of gay men and lesbian women are described as being cross gender in nature, with homosexual men being perceived as having feminine traits and lesbian women as having masculine traits. Research findings are presented which suggest that homosexuals are consistently disliked by heterosexuals. Also reviewed are studies of mental health professionals' attitudes towards homosexuality which have had conflicting results: some found no differences in the attitudes of mental health professionals towards homosexuals versus hetereosexuals, while others found mental health professionals to be biased. Methodological shortcomings of the research are examined, including: (1) use of a variety of methods making findings difficult to unify; (2) use of polls and surveys which are limited in scope; (3) the variance of questionnaires from study to study; (4) use of highly select samples, such as college students; (5) studies on attitudes toward homosexuality varied in sex of the target being studied; (6) a focus on male homosexuality rather than female homosexuality; and (7) limited research on attitudes of mental health professionals. A unified approach to research in this area is recommended. The therapeutic triad of empathy, warmth, and genuineness is considered fundamental to the success of therapy with homosexual and lesbian clients. (ABL)

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ATTITUDES TOWARD HOMOSEXUALITY:
IMPLICATIONS FOR RESPONSIBLE PSYCHOTHERAPY

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ATTITUDES TOWARD HOMOSEXUALITY:
IMPLICATIONS FOR RESPONSIBLE PSYCHOTHERAPY

A Doctoral Research Paper

Presented to

The Faculty of the Rosemead School of Psychology

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In Partial Fulfillment

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Doctor of Psychology

by

Daniel W. McQuoid

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ABSTRACT

ATTITUDES TOWARD HOMOSEXUALITY:

IMPLICATIONS FOR RESPONSIBLE PSYCHOTHERAPY

Daniel W. McQuoid

The purpose of this paper is to review the research on societal attitudes toward homosexuality. Societal attitudes are impacted by sex-role rigidity, stereotypes, and the individual's sex-role and sexual orientation. Secondly, the research on the attitudes of mental health professionals toward homosexuality will be reviewed. A methodological critique will also be given that will focus on methodological shortcomings in the research and recommendations for future research. Lastly, implications for responsible psychotherapy of gay and lesbian clients will be discussed.

Attitudes Toward Homosexuality:

Implications for Responsible Psychotherapy

In the history of the Diagnostic and Statistical Manual of Mental Disorders (DSM), there has been a change from viewing homosexuality as pathological to viewing it as a valid alternative lifestyle. Prior to 1973, homosexuality was considered by the American Psychiatric Association (APA) a mental disorder. Because of this, the goal of treatment was to convert gay men and lesbian women from an homosexual orientation to an heterosexual orientation. In 1973 the APA removed homosexuality from the DSM-II (APA, 1968). The American Psychological Association followed suit when they declared that:

> . . . homosexual, per se, implies no impairment in judgement, stability, or general social or vocational capabilities; further, the American Psychological Association urges all mental-health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations. (Conger, 1975, p. 634).

Homosexuality was no longer considered a form of psychopathology. Homosexuality was substituted by a category called Sexual Orientation Disturbance. The APA has continued to move away from the pathological model of homosexuality. In the DSM III (APA, 1980), the diagnostic category was "Ego-dystonic Homosexuality." The diagnostic criteria is as follows:

> The individual complains that heterosexual arousal is persistently absent or weak and significantly

> interferes with initiating or maintaining wanted heterosexual relationships. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress (APA, 1980, p. 282).

The DSM-III-R (APA, 1987) took a further step away from the pathological model. In the DSM-III-R (APA, 1987) the diagnostic category of "Ego-dystonic Homosexuality" is subsumed under the category of "Sexual Disorders Not Otherwise Specified." The description of this sexual disorder is "persistent and marked distress about one's sexual orientation" (APA, 1987, p. 296).

These changes in the DSM are not representative of change in society at large. Historically, society has had negative beliefs about homosexuality. It has often been considered a sin or a disease. Currently, these attitudes continue to be prevalent. Schneider and Lewis (1984) report the results of a survey done by The Los Angeles Times. They found that large numbers of Americans habor negative views of homosexuality. This survey was compared with other polls done between 1973 and 1982. Despite the official acceptance of homosexuality by the mental health professional community, there has not been a significant change in societal attitudes regarding homosexuality.

The purpose of this paper is to review the research on societal attitudes toward homosexuality. Societal attitudes are impacted by sex-role rigidity, stereotypes, and the individual's sex-role and sexual orientation. Secondly, the

research on the attitudes of mental health professionals toward homosexuality will be reviewed. A methodological critique will also be given that will focus on methodological shortcomings in the research and recommendations for future research. Lastly, the implications for responsible psychotherapy of gay and lesbian clients will be discussed.

Attitudes Toward Homosexuality

Societal Attitudes

Impact of sex-role rigidity on attitudes. Sex-role rigidity within a society has an effect on attitudes toward homosexuality (Krulewitz & Nash, 1980; Lieblich & Friedman, 1985; Ross, 1983). That is, the stronger the boundaries between what is masculine and feminine in a society, the greater the fear and rejection of homosexuality (i.e., homophobia). In comparing Israelis and Americans, Lieblich et al. (1985) "found that the level of sex-role polarization was significantly higher for Israelis than for the Americans (p. 567)." When it comes to sex-roles, the Israeli culture was found to be more conservative, having a stronger division between masculine and feminine roles. Masculine and feminine roles are well defined and rigidly held in this culture. The Israelis were also significantly more homophobic regarding male homosexuality. Across the Israeli and American subjects, they found that individuals who displayed strong divisions between what is masculine and

feminine were more homophobic. Thus, sex-role rigidity on the societal and individual levels results in greater fear and rejection of homosexuality.

Krulewitz and Nash (1980), in a study using male heterosexual students, found that sex-role attitudes have a significant impact on the response or reaction to homosexual individuals. Those "who hold relatively liberal sex-role attitudes show more acceptance of homosexuals than do persons who endorse more traditional sex-role beliefs" (Krulewitz & Nash, 1980, p. 72). Those with more traditional sex-role attitudes rejected homosexuals on measures of interpersonal attraction and a willingness to approach the homosexual individual.

Ross (1983) did a comparison study between Sweden and Australia on societal relationships and gender role in male homosexuals. Gender role for Ross (1983) is equivalent to sex-role. He also found that the more rigid the sex-roles in a society, the more the tendency for the opposite-sex gender role to be adopted by homosexual men. That is, in a society with rigid sex-roles, gay men will adopt a feminine gender role. In the Australian society, sex-roles are more rigid than in the Swedish society. The gay men in Australia were found to be significantly more feminine then the Swedish gay men. Ross (1983) concluded:

> . . . that opposite-sex gender identity in homosexual men is a function of society seeing a differentiation in male-female sexual roles, and devaluing homosexual relationships to the point where homosexual men feel

> that they must either mimic heterosexual roles, or, because they identify sexually with members of their own sex, see themselves or are seen as identifying as female. (p. 287)

This would seem to indicate that there is a high level of social learning in the development of opposite-sex identity. In societies that have rigid sex-roles, such as Australia, there will be an increased adoption of the feminine gender role in male homosexuals. "If the sex-role rigidity is internalized, then the process of internalization may lead to internalization of the view that because a male relates emotionally and sexually to another male, he must to some degree espouse a feminine role" (p. 283). This is not the case in societies that do not have a strong sex-role polarization, such as in Sweden.

Some homosexuals respond to this pressure of society to maintain the heterosexual ideal of sex-roles by having a heterosexual relationship. Ross (1978) did a study on the relationship of social hostility, conformity and psychological adjustment in male homosexuals. Those who feel that the perceived reaction by society will be anti-homosexual conform to the pressures to be heterosexual by marrying or remaining married. The more the individuals perceive the reaction of society to be negative or hostile, the more likely they are to maintain the heterosexual facade.

Impact of stereotypes on attitudes. There are several stereotypes that affect attitudes toward homosexuality.

First, sex-role stereotypes have an effect on attitudes. These stereotypes tend to be cross-gender for both male and female homosexuals. That is, gay men are described in feminine terms (Bowman, 1979; Herek, 1984; Page & Yee, 1985; Taylor 1983) and lesbians are described in masculine terms (Bowman, 1979; Taylor, 1983; Steffensmeier & Steffensmeier, 1974). Taylor (1983) found that gay men were rated as more feminine than lesbian women and lesbians were rated as more masculine than gay men. Gay men and lesbian women were also seen as significantly different from heterosexual men and women on sex-role items.

Bowman (1979) used New Zealand heterosexual adults and found that male homosexuals "were perceived as being effeminate in attitudes, posture, and dress and as being more 'emotional,' and 'sensitive'" (p. 233). Page and Yee (1985) using university undergraduates discovered similar perceptions of gay men. Homosexual males were found to be more concerned with feminine traits such as talkativeness, tact, gentleness, concern with appearance, reticence, need for security, and liking for art and literature. These stereotypes are very similar to those found by Taylor (1983). Lesbian women are perceived by heterosexuals in masculine terms. Bowman (1979) found that lesbian women "were seen as being 'tough,' aggressive, 'butch,' and 'masculine' in temperament and behavior" (p. 234). Lesbian women, according to Taylor (1983), are stereotypically

described as "not needful of others' approval, runners of the show, unhelpful, not expressive of tender feelings . . . " (p. 45).

Taylor (1983) states that these cross-gender stereotypes help to order reality, but are limited, often narrow minded, and inaccurate. If the gay man is perceived as feminine and the lesbian woman is perceived as masculine, then the heterosexual ideal is not completely destroyed. For many heterosexuals, seeing gay men as feminine explains why they are attracted to men. The same is true of lesbian women. They are viewed as masculine and because of their masculinity they are attracted to women.

A second common stereotype of both gay men and lesbians found in several studies is that of personal maladjustment (Davison & Friedman, 1981; Krulewitz & Nash, 1980; Page & Yee, 1985; Price, 1982; and Steffensmeier & Steffensmeier, 1974). According to Davison and Friedman's (1981) findings, when homosexuality is a part of an individual's history, this will be considered as part of the person's psychological difficulties. The college students in Steffenmeier and Steffenmeier's (1974) research described both gay men and lesbian women as psychologically disturbed. Krulewitz and Nash (1980) found that homosexual men were described as "less intelligent, more immoral, and less well adjusted than heterosexuals" (p. 72). Thus, gay men and lesbian women are seen as pathological, abnormal, immoral,

and unnatural.

A third stereotype that comes up repeatedly in the research is that of the dangerousness of homosexuality (Laner & Laner, 1980; Steffensmeier & Steffensmeier, 1974; Winberger & Millham, 1979) and, as a result, the need for distance from homosexuals (Krulewitz & Nash, 1980; Staats, 1978). According to Steffensmeier and Steffensmeier's (1974) findings, homosexuals are stereotypically characterized as dangerous people. More recently, Laner and Laner (1980) found that lesbians received significantly more attributions of dangerousness than nonlesbian targets. Winberger and Milham (1979) did a factor analysis of beliefs and attitudes toward homosexuality. They described one of the factors as a homophobic factor. This homophobic factor is made up of the belief that homosexuals are dangerous and personal anxiety when around homosexuals. Krulewitz and Nash (1980) reported that the subjects used in their research liked homosexuals less and avoided them more than heterosexuals.

Impact of the individual's sex-role and sexual orientation on attitudes. Another area of the research compares attitudes when sex-roles and sexual orientations are varied within the target being studied. Goodyear, Abadie, and Barquest (1981) had undergraduate subjects rate their perceptions of the typical person, typical male, typical female, typical male homosexual, and typical female

homosexual. The researchers viewed sex-role as what was "typical" for male or female. The results indicated that a homosexual orientation was evaluated more negatively than what was typically male or female. A typical female was evaluated most positively and a typical female homosexual most negatively. However, these conclusions must be taken tentatively because 78% of the subject pool was female.

Storms (1978) did a study on attitudes toward homosexuality and femininity in men. College students were given a short description of a man. There were four types of descriptions each varying the sex-role and orientation: masculine/heterosexual, feminine/heterosexual, masculine/homosexual, and feminine/homosexual. The results indicated that "attitudes against homosexuality are more evident than attitudes against femininity. Subjects clearly disliked homosexuality in the male target . . . But subjects did not significantly dislike femininity in the target" (Storms, 1978, p. 260). He also found that the masculine heterosexual man was liked more than the feminine heterosexual man and the feminine homosexual man was liked more than the masculine homosexual man.

The research done by Storms (1978) was supported by Laner and Laner (1979). Laner and Laner (1979) did a study on why gay men are disliked. They divided sex-role into hypomasculine (effeminate), masculine, and hypermasculine (butch-macho). "More men than women are negative toward

both effeminate and 'undetectably' masculine homosexual men. Hypermasculine homosexuals are disliked by the majority of respondents, and considerably fewer men or women find the leather-and-chains type of homosexual likable than find his heterosexual counterpart likable" (Laner & Laner, 1979, p. 224). These findings (Laner & Laner, 1979; Storms, 1978) would seem to support the findings already mentioned, that is, it is more acceptable to the heterosexual portion of society when gay men are feminine or 'undetectably' masculine because this supports the society's heterosexual ideal. The hypermasculine gay man (Laner & Laner, 1979) and the masculine gay male (Storms, 1978) is more disruptive to society's heterosexual ideal and, thus, disliked most of all.

Laner and Laner (1980) followed up their study on gay men with a study on lesbians. The results indicated that nonlesbians are liked better than lesbians. Also, "departures toward either end of the femininty/masculinity continuum of gender styles are either moderately or greatly disliked" (Laner & Laner, 1980, p. 350). Gravitation to either pole on the sex-role continuum by heterosexual women was accepted. However, if the woman was a lesbian, movement towards either the masculine pole or the feminine pole of the continuum resulted in a negative response. Thus, it appears that heterosexual women are allowed more freedom in sex-role variance than homosexual women.

Related to the dislike of heterosexuals toward homosexuals for deviance on the sex-role continuum, Laner and Laner (1979 & 1980) gave a hierarchy of likableness for males and females varying by sexual preference and gender style (hypermasculine, masculine, hypomasculine, hyperfeminine, feminine, and hypofeminine). Those at the top of the hierarchy were liked the most. The hierarchy that was found for the women is as follows: (1) heterosexual feminine, (2) heterosexual hyperfeminine, (3) homosexual feminine, (4) heterosexual hypofeminine (masculine), (5) homosexual hyperfeminine, and (6) homosexual hypofeminine. The hierarchy for the men was similar: (1) heterosexual masculine, (2) heterosexual hypomasculine, (3) homosexual masculine, (4) homosexual hypomasculine, (5) heterosexual hypermasculine, and (6) homosexual hypermasculine.

Some other studies have given hierarchies of likableness. Some of these hierarchies vary slightly, but overall they are very similar. In two studies (Goodyear et al., 1981; MacDonald & Games, 1974), heterosexual women were most liked, than heterosexual men, followed by homosexual men, and lastly homosexual women. In the study done by MacDonald and Games (1974), lesbian women were rated second in potency only to heterosexual men and yet they were liked the least. This appears to support the findings of Laner and Laner (1980), that is, departure toward the masculine pole of the sex-role continuum by lesbian women is disliked.

Page and Yee (1985) had subjects differentiate between a normal adult, a lesbian, and a gay man. They found that the gay man was consistently differentiated and viewed unfavorably from the normal adult. Lesbians were also rated unfavorably in comparison with the normal adult. Lesbians, however, were rated more favorably than gay men. Steffensmeier and Steffensmeier (1974) came up with similar findings. "The evidence on sex status suggests that female homosexuals are less likely to be defined as a social problem, less likely to be negatively stereotyped, and less likely to be rejected than are their male counterparts" (Steffensmeier & Steffensmeier, 1974, p. 54). These findings are contrary to the findings of other studies (Goodyear et al., 1981; Laner & Laner, 1979, 1980; MacDonald et al., 1974). Regardless of these slight discrepancies, the research indicates gay men and lesbian women are consistently disliked and viewed unfavorably by heterosexuals. The gay men and lesbian women that maintain a cross-gender sex-role are disliked slightly less than those who do not.

Black and Stevenson (1984) investigated the relationship of self-reported sex-role characteristics of subjects and their attitudes toward homosexuality. The subjects were heterosexual male and female undergraduates. They found that the females who exhibited cross-sex traits, that is, those classified as masculine, were more accepting

of homosexuality. Males who exhibited feminine traits were less accepting of homosexuality. Black and Stevenson (1984) explained these results as follows:

> Females who are high in stereotypical masculine traits have demonstrated their willingness to go against societal norms; perhaps, then, they are more able to accept behavior of others that are not normative. This explanation does not work for males, however, since those who are stereotypically deviant are more rejecting; one might suggest that these males have become sensitive to any suggestions that they are not masculine and that their negative reaction to homosexuality is a defensive one (p. 92).

It seems that the feminine heterosexual males are homophobic and, as a result, display negative attitudes toward homosexuality. Where as, the masculine heterosexual females are more accepting of homosexuality.

Several studies show that attitudes toward homosexuality vary according to the sex of the individual being studied (Kite, 1984; Larsen, Reed, & Hoffman, 1980; Lieblich & Friedman, 1985; Maret, 1984; Minnigerode, 1976; Price, 1982; Young & Whertvine, 1982). Heterosexual males have significantly more negative attitudes toward homosexuality than heterosexual females. Also, both male and female heterosexuals object more to male homosexuality than female homosexuality (Lieblich & Friedman, 1985). Hansen (1982) and Lieblich and Friedman (1985) found that male heterosexuals were significantly more homophobic than female heterosexuals.

Attitudes also vary according to the age of respondents. Research findings indicate that young adults

express positive and more tolerant attitudes toward homosexuality (Bowman, 1979; Glenn & Weaver, 1979). Individuals with a college education are also more accepting of homosexuals and homosexual behavior (Glenn & Weaver, 1979; Schneider & Lewis, 1984). Individuals who are religious display negative attitudes towards homosexuality (Bowman, 1979; Larsen et al., 1980; Maret, 1984; Nyberg & Alston, 1976-77; Schneider & Lewis, 1984). Studies also show that interaction with and/or exposure to a homosexual decrease homophobia and increase positive attitudes toward homosexuality (Bowman, 1979; Lance, 1987; Pagtolun-an & Clair, 1988).

In summary, societal attitudes toward homosexuality focus on three areas. First, sex-role rigidity in society has an impact on attitudes. In societies that have rigid sex-roles, gay men and lesbian women are disliked and rejected more than in societies that have liberal sex-roles. Findings also indicate that gay men and lesbian women in societies with rigid sex-roles are found to adopt cross gender sex-roles. A second area of research deals with stereotypes of gay men and lesbian women. Research findings indicate that society's stereotypes of gay men and lesbian women are also cross gender in nature. Gay men are perceived having feminine traits and lesbian women are perceived having masculine traits. Other stereotypes of gay men and lesbian women include personal maladjustment and

dangerousness. Finally, research findings indicate that gay men and lesbian women are consistently disliked by heterosexual men and women. Gay men and lesbian women who are perceived with cross gender traits are disliked slightly less than those without cross gender traits.

Attitudes of Mental Health Professions

The research on the attitudes of mental health professionals toward homosexuality is not as extensive as societal attitudes toward homosexuality. When the discussions between mental health professionals regarding the pathology of homosexuality was quite heated in the early 1970's, several surveys of mental health professionals were done. Davison and Wilson (1973) distributed surveys to behavior therapists. Eighty-seven percent of the respondents denied that homosexuality was evidence of psychopathology. The respondents (91%) also felt that it was possible for homosexuals to be happy and well-adjusted. In terms of therapeutic goals for the homosexual, 87% stated that they have either treated or would treat a homosexual with the goal of helping the gay man or lesbian woman to be more at ease as a homosexual. The results of Davison and Wilson's (1973) research should be regarded as tentative because only 86 of 224 questionaires were returned, that is, thirty-eight percent.

Another study was done by Fort, Steiner, and Conrad (1971). The researchers surveyed the attitudes of

psychiatrists, clinical psychologists, and social workers. Sixty-four percent felt that homosexuality was not a mental illness. More than 90% felt that society's misunderstanding of homosexuality came from homosexuality being described as an illness or disease. Most (98%) of the respondents felt that it was possible for homosexuals to function effectively in life. Also, almost all (99%) of them were opposed to laws that would treat homosexual acts between consenting adults as criminal. "Slightly over half of respondents established specific goals in their practice . . . Of those with specific goals, 97% said they would work with a goal other than change of sexual orientation" (Fort et al., 1971, p. 348). Seventy-two percent felt that a change in sexual orientation was possible.

A third survey done by Gartrell, Kraemer and Brodie (1974) studied the attitudes of psychiatrist toward female homosexuality. Legalization of homosexual behavior between consenting adults was supported by 98% of the respondents. Sixty-six percent of the psychiatrists were opposed to the use of psychiatric labels as a means of categorizing lesbians and the same percentage challenged the belief that lesbianism is equated with sickness or inadequacy. Eighty-seven percent felt that a lesbian could be well adjusted. The results of these three studies on attitudes of mental health professionals were based on survey data and, thus, should be considered tentative.

Hochstein (1986) moved away from the survey method in studying attitudes of pastoral counselors toward gay and lesbian clients. She used four case studies that varied on sex of client (male or female) and sexual orientation (heterosexual or homosexual). Along with rating the four client types, the pastoral counselors gave ratings of an healthy adult. Ninety-three percent of the subjects used were Protestants and 6% were Catholics. Seventy-eight percent of the subjects rated themselves as theologically liberal. Of the 190 subjects that were used, only 11 of them were female.

Hochstein (1986) found that pastoral counselors did not rate gay and lesbian clients significantly different from heterosexual male and female clients. However, a significant difference was found between the ratings of male and female clients by the pastoral counselors. Male clients were perceived as significantly less healthy than female clients. The pastoral counselors appear to have a different standard for the mental health of men than the mental health of women. All of the clients were rated as less healthy than the healthy adult. The pastoral counselors indicated that the healthy adult possessed significantly more male-valued traits than any of the clients. Hochstein (1986) concludes that pastoral counselors "seem to be influenced by a culture which defines mental health in terms of stereotypically male-valued characteristics" (p. 164).

That is, pastoral counselors are affected by the societal attitudes that surround them. Hochstein's (1986) findings may have been affected by the large number of male subjects that were used. This may explain the finding that male-traits were valued more than female traits.

Thompson and Fishburn (1977) did research using graduate students in counseling. They studied the myths surrounding homosexuality, attitudes toward homosexuality, etiology of homosexuality, and the role of mental health professions in treating homosexuality. The graduate students appeared to be well informed and rejected myths about homosexuality. They were indecisive as to whether or not homosexuals were more likely to need therapy than heterosexuals. The results also indicate that graduate students have not formed positions on etiology; they have conflicting attitudes and are indecisive regarding etiology. Regarding the treatment of gay men and lesbian women, graduate students felt that a worthwhile goal of treatment would be to restore or establish self-esteem and self-confidence in the client. The women graduate students had a more accepting attitude toward homosexuals; they were more informed, more comfortable, and more consistent in their attitudes toward homosexuality than the male graduate students.

DeCrescenzo (1983-84) studied homophobia and the attitudes of mental health professionals toward

homosexuality. Three areas of homophobia were studied: (1) stereotypic thinking, (2) viewing homosexuality as pathology, and (3) willingness to socialize with or live next door to someone who is a homosexual. DeCrescenzo (1983-84) had respondents identify themselves on the Kinsey continuum. In terms of stereotypic thinking, respondents who identified themselves as exclusively homosexual perceived gays in least stereotypic terms. However, those who identified themselves as bisexual and heterosexual perceived homosexuals in stereotypic terms. Those who were self-identified as heterosexuals rated homosexuals as clinicially disturbed significantly more than the other respondents. The respondents who ranked themselves as bisexual were least certain as to whether homosexuals are clinically disturbed; they were undecided on whether homosexuality is or is not pathological. DeCrescenzo (1983-84) discussed these findings as follows:

> A person in conflict is not likely to identify with, or to feel good about, that which (s)he associates with mental illness, or perceives as stigmatized or "bad." Inferentially, from the scores of those respondents who were either not sure about their sexual orientation or were conflicted in the self-rating, it appears that they are not only experiencing uncertainty about their sexual orientation per se, but they may also be unable to tolerate the idea of their own identity being associated with stereotypic images of homosexuality and the social stigma that label still carries. (p. 129)

In addition to the findings already discussed, DeCrescenzo (1983-84) found that social workers received the highest scores of homophobia, while psychologists received

the lowest homophobic scores. Those respondents who were married perceived homosexual men and women as clinically disturbed and in stereotypic terms significantly more than single respondents. It was also found that the religious values of the family of origin had a significant impact on the respondent's attitude toward homosexuality. Those who grew up in families with religious values perceived homosexuals as more pathological than those respondents who did not have this type of background. The sexual orientation, marital status, and religious background of mental health professionals appears to impact their attitudes toward homosexuality.

Using concepts from attribution theory, Garfinkle and Morin (1978) did a behaviorally based experimental study of psychologists' attitudes. The psychologists were randomly assigned to one of four groups. The psychologists were given a detailed case history of a client and made attributions of that client. The case histories only varied on sex and sexual orientation, that is, the client was either male or female and had either a male or female lover. The psychologists were also asked to make attributions of their concept of the psychologically healthy person.

Garfinkle and Morin (1978) found several differences in the rating of clients by psychologists depending on the sex of the psychologist. Regardless of the sexual orientation of the client, male therapists attributed less psychological

health to clients than the attributions made by female therapists. All clients were perceived by the male therapists as less potent and less masculine. Male therapists tended to equate psychological health with masculinity. The male therapists also rated homosexuals as having less psychological health than the ratings of the female therapists.

Garfinkle and Morin (1978) also found that the clients were rated as significantly more stereotypically feminine than the psychologically healthy person. That is, the psychologically healthy person was attributed with masculine traits. This appears to support the findings of Hochstein (1986). The researchers found that "the heterosexual clients were perceived to be more psychologically healthy than the homosexual clients to the extent that they were not perceived as demonstrating female-valued sex-role characteristics to the same degree" (Garfinkle & Morin, 1978, p. 107). If clients were homosexual, they were rated significantly different than if they were heterosexual. Homosexual clients were perceived as significantly less healthy than heterosexual clients. These findings are contrary to the findings of Hochstein"s (1986) research. Homosexual clients were also perceived as more stereotypically feminine than the psychologically healthy person. The researchers, however, did not find any support for the hypothesis that female homosexuals would be

perceived as being more psychologically healthy than male homosexuals. These findings are similar to the findings of the societal attitudes research. Mental health professionals may not be as open and accepting of homosexuality as the surveys (Davison & Wilson, 1973; Fort, et al., 1971; Gartrell, et al., 1974) seem to indicate. Professionals appear to perceive gay and lesbian clients as more unhealthy than heterosexual clients.

"The findings of this study are consistent with the expectation that psychotherapists approach the task of judging a homosexual client with built-in maps of inference that follow cultural norms" (Garfinkle & Morin, 1978, p. 109). The norms and attitudes of society do impact psychotherapists and their treatment of gay and lesbian clients. Although the case histories were identical except for sex and sexual orientation, psychotherapists were found to set different therapeutic goals for homosexual clients. Garfinkle and Morin (1978) conclude that "the decreased psychological health attributed to homosexual clients was a function of the values of the perceivers" (p.109). Thus, the values of psychotherapists do impact their attitudes toward and treatment of gay and lesbian clients.

Garfinkle and Morin (1978) argue that the differences in therapist's attitudes found in their study could be best understood in sex-role violation terms. Gay men and lesbian women are often characterized stereotypically in personality

and behavior. These stereotypical attitudes toward homosexuals cannot be just viewed as an issue of sexual orientation, but it is necessary to understand the important part that sex-role plays and the impact that deviation from prescribed sex-roles has on attitudes toward homosexuals. There is much research on sex-role and societal attitudes. However, the research on the attitudes of mental health professionals toward gay men and lesbian women is sparse. The research on the impact of such attitudes is even more limited.

"Although . . . mental health professinals are as predisposed to the development of stereotypes as anyone else in society, there is little or no information on the impact of stereotyping per se by those in the mental health profession" (Casas, Brady & Ponterotto, 1983, p. 139). Casas et al. (1983) attempted to study the impact of stereotypes on the mental health professional. They investigated whether stereotypic beliefs would interfere with the accurate processing of information on gay men, lesbian women, heterosexual men, and heterosexual women among mental health professionals. It was found that mental health professionals retained and processed information better when the information was congruent rather than incongruent with stereotypic beliefs about gay men and lesbian women. "This finding exemplifies the fact that even mental health professionals . . . are unable to accurately

process information that goes contrary to commonly held stereotypes ascribed to specific groups" (Casas et al., 1983, p. 143).

Furthermore, Casas et al. (1983) found that mental health professionals made more errors when processing information regarding homosexuals than when processing information regarding heterosexuals. Stereotypic beliefs have an impact on the accurate processing of information. That is, these beliefs hinder the processing of information which results in more errors. These results suggest that biases do occur among mental health professionals when they are dealing with homosexual men and women. It is imperative that these biases be understood by mental health professionals. At this point in time, there appears to be no research on the impact of biases on therapy with gay and lesbian clients. The impact of bias can only be surmised, but more likely than not bias has an effect on the diagnosis and treatment of gay and lesbian clients.

In summary, there appear to be conflicting findings on the attitudes of mental health professionals towards homosexuality. The surveys (Davison & Wilson, 1973; Fort et al., 1971; Gartrell et al., 1974) indicate that homosexuality is seen nonpathological. Hochstein's (1986) findings appear to indicate that pastoral counselors do not perceive gay and lesbian clients any different than heterosexual clients. However, the findings of Garfinkle

and Morin (1978) are different. They found that gay and lesbian clients were perceived by therapists as less healthy than heterosexual clients. Mental health professionals also appear to perceive gay and lesbian clients in stereotypic terms. Casas et al. (1983) found that the accurate processing of information by mental health professionals is impacted by stereotypic beliefs. This seems to indicate that mental health professionals are impacted by biases. The attitudes of mental health professionals do not appear to be different from the attitudes of society. Both society and mental health professionals appear to view gay men and women as unhealthy and in stereotypic terms.

Methodological Critique

Methodological Shortcomings in the Research

The research on attitudes toward homosexuality presents several issues related to the methodology. First, there are a variety of methods that are being used by researchers: (a) polls and surveys, (b) questionnaires, (c) interviews, and (d) rating scales. As a result, the findings from the various methods are difficult to organize in a unified manner. "Where one would hope for complementary results and designs as well as a developed theory to predict and explain the related findings, there is, instead a wide variety of approaches to the question, and little organizing theory behind it" (Taylor, 1983, p. 38). This is a significant shortcoming in the research. Because of the wide variety of

methods used in studying attitudes, integration and generalization of the findings across various studies is difficult.

A second shortcoming relates to the use of polls and surveys in studying attitudes toward homosexuality. Polls and surveys are often very limited in scope; they focus on a single facet of attitudes. A poll or survey may only ask one or two questions. Because of the limitedness of polls and surveys, the potential for introduction of bias is possible. When studying attitudes toward homosexuality, polls and/or surveys often word the question or questions in a negative manner, thus, introducing biases into the results. For example, "this is apparent in an item such as this: 'I think male homosexuality is disgusting'" (Herek, 1986, p. 565). The data from polls is generalizable to the larger population, but the findings are limited. That is, data from single-item surveys or polls is less reliable than multiple-item questionnaires.

A questionnaire method provides a broader range of attitudes toward homosexuality than polls or surveys. This method has a greater potential of tapping "personal affective issues--personal comfort or discomfort, liking for gay persons, and general emotions associated with the topic of homosexuality" (Herek, 1986, p. 565). Despite this increased breadth, a methodological shortcoming that pertains to questionnaires is the variance of questionnaires

from study to study. Although there has been an improvement recently in the use of questionnaires, each study uses different questionnaires. Researchers either contruct their own questionnaires or use a variety of different questionnaires. Once again, this makes it difficult to know whether or not the findings of one study support or disconfirm the findings of another study. This limits the generalizability of results across studies.

A fourth methodological shortcoming is the use of highly select samples, that is, the use of college students. Many of the studies on attitudes toward homosexuality use college students in their research. These college students were usually in a course related to the social sciences. The attitudes of this select sample may differ from the attitudes of the general population. Thus, the generalizability of the findings to the larger population may be questionable.

Another shortcoming is that studies on attitudes toward homosexuality vary in sex of the target being studied. Some studies have respondents rate a homosexual target on various Likert scales, but do not differentiate whether or not the target is a gay man or a lesbian woman. It is impossible to know whether the subject's attitude relates to male or female homosexuality. This confounds the results and decreases the generalizability of the results to findings of other studies that have differentiated between the sex of

the homosexual target.

Researchers have also continued to focus on male homosexualtiy more than female homosexuality. This most likely gives a one-sided view of attitudes toward homosexuality. The results of attitudes toward gay men do not necessarily and most likely do not generalize to lesbian women. Also, researchers often study one sex to the exclusion of the other. This is a definite limit, because it prohibits comparison of attitudes across the sexes.

A final criticism of the research on attitudes toward homosexuality relates to research on mental health professionals. The state of research in this area is quite limited. It consists of a few surveys (Davison & Wilson, 1973; Fort, et al., 1971; Gartrell, et al., 1974) and Garfinkle and Morin's (1978) research on the attitudes of psychologists toward homosexual clients. Prior to research done by Garfinkle and Morin (1978), all of the studies on psychotherapist's attitudes toward homosexuality have been based on survey data. This has produced a limited view of the attitudes of mental health professionals on homosexuality. Many of the results of Garfinkle and Morin's study were contrary to the findings of the earlier surveys. The surveys appear to indicate that mental health professionals feel that homosexuality is not evidence for psychopathology. This is contrary to the findings of Morin and Garfinkle (1978); homosexual clients were perceived as

more pathological than heterosexual clients. It appears that there is evidence for negative attitudes and biases toward gay men and lesbian women, however, the research in this vital area is very sparse.

Recommendations for Future Research

Studying attitudes toward homosexuality is a complex undertaking. Attitudes occur on a societal level, an interpersonal level and an intrapersonal level. Attitudes also relate to homophobia, sex-role attitudes, stereotypes, sex of individual, religious background, etc. Because of multidimensionality of studying attitudes toward homosexualtiy, research is extremely difficult. Therefore, a unified approach to research in this area is paramount. Several recommendations for future research on attitudes toward homosexuality are given.

First, it is recommended that researchers attempt to unify the questionnaires that are used in studying attitudes. The questionnaires used in the research vary from study to study. Research should be done to determine which questionnaires are the best instruments in studying attitudes. This would hopefully eliminate inferior questionnaires. Then the researchers could use the questionnaires that are the most accurate in determining attitudes. A unified approach for studying attitudes could be used across research studies. This would result in findings that are comparable and generalizable from one

study to the next.

Secondly, it is recommended that the pool of subjects be more representative of the population at large. College students enrolled in courses on the social sciences are far from representative. Some research (Bowman, 1979; Glenn & Weaver, 1979; Schneider & Lewis, 1984) shows that individuals who are college educated and are young have significantly more positive attitudes toward homosexuality. As a result, using undergraduate students as a primary subject pool does not adequately depict overall societal attitudes. Studying a broader range of subjects, would result in more accurate and generalizable findings.

A third suggestion for future research is to study simultaneously gay men and lesbian women. In the past, the major focus of the research has been on the male homosexuality. A good portion of the research also studies either gay men or lesbian women. Attitudes differ toward gay men and lesbian women; when one population or the other is studied, it limits the comparisons that can be made between the two populations. Many of the attitude studies did not differentiate whether the focus was on gay men or lesbian women; they just researched attitudes toward homosexuality. As a result, it is impossible to know if the subjects were responding to male homosexuality or female homosexuality. It is suggested that homosexuality be well defined and differentiate between gay men and lesbian women.

A final recommendation focuses on the research done on the attitudes of mental health professionals toward homosexuality. This research is quite limited. A majority of the research that has been done has been through surveys or polls. According to the findings of Garfinkle and Morin (1978), the attitudes of mental health professionals may not be has open and positive as the surveys of the early 1970's indicate (Davison & Wilson, 1973; Fort, et al., 1971; Gartrell, et al., 1974). It is suggested that further experimental research be done on the attitudes of mental health professionals toward homosexuality and the impact that these attitudes have on them when they work with gay and lesbian clients. Related to studying attitudes, it is also suggested that more studies be done on homophobia in the mental health professional and it's impact on treatment of the homosexual client.

Implications for Responsible Psychotherapy

There is a plethora of research on empathy, warmth, and genuineness. Empathy, warmth, and genuineness (the therapeutic triad) are "known as the core conditions of the counseling and psychotherapy relationship" (Patterson, 1984, p. 431). The therapeutic triad is inherent in the success of therapy regardless of the modality that is implemented. Patterson (1984) states emphatically that "there are few things in the field of psychology for which the evidence is so strong. The evidence for the necessity, if not the

sufficiency, of the therapist conditions of accurate empathy, respect, or warmth and therapeutic genuineness is incontrovertible" (p. 437). These core conditions are necessary for any psychotherapy to be successful and are also necessary conditions for a responsible psychotherapy with gay and lesbian clients. Providing empathy, warmth, and genuineness to gay and lesbian clients is a fundamental responsibility of the therapist.

Accurate provision of the therapeutic triad occurs on at least two levels. First, it begins with the therapist. If the therapist has not taken a responsible look at himself or herself, then he or she will not be able to provide accurate empathy, warmth, and/or genuineness. The therapist has certain responsibilities to himself or herself. A second level is the responsibility of the therapist to the gay and/or lesbian client.

There are several important areas of responsibility of the therapist to himself or herself to consider. First of all, Meredith and Riester (1980) feel that it is the responsibility of the therapist to examine his or her personal attitudes, beliefs and values regarding homosexuality. It is of vital importance that therapists make an honest appraisal of themselves on all of these levels. Expression of the core triad conditions will be limited if this appraisal is not done. It is impossible for therapists to separate their attitudes, values, and beliefs

from the therapuetic setting. "Since no counseling or psychotherapy is morally neutral or value free, and since conscious and unconscious attitudes and values are communicated to clients, [therapists] should be aware of the values and assumptions they bring to each counseling relationship" (Hochstein, 1986, p. 159).

So, how does one examine one's attitudes, values, and beliefs toward homosexuality? This needs to occur on both a cultural and personal level for the therapist (Messing, 1983-84). On the cultural level, it is important that the therapist be aware of society's attitudes toward homosexuality and the impact these attitudes have had on him or her. As the research shows, society has negative attitudes toward homosexuality. Looking at the impact that society has on the therapist will be important. It will also be important to look at one's personal history. For example, how did your parents discuss sex and sexuality when you were growing up? How did you feel when you first saw a gay or lesbian couple? What was your response? How have you felt when you have interacted with someone you knew was gay or lesbian? How comfortable do you feel with your own sexuality? What do you feel when you think about two men or two women in bed together? If a fantasy about a homosexual act has entered your mind, how have you responded to it? Getting in touch with feelings about same-sex affection and eroticism will help the therapist to understand his/her

attitudes, values, and beliefs regarding homosexuality.

Along with this examination of oneself, it is important for the therapist to understand that homosexual feelings are natural. Human beings are sexual beings. Part of being sexual means that homosexual feelings and desires may occur. This is a natural part of sexuality. This understanding will be helpful for the therapist in his or her own process and also in dealing with clients that have homosexual issues. Not only are homosexual feelings natural, but so are homophobic feelings. Given the rigid sex-role stereotypes in society today and the negative attitudes toward homosexuality, it is natural to have homophobic feelings. It will be important to understand and work through these homophobic feelings, so that the therapist's homophobia will not have a negative impact on therapy and so that accurate communication of the therapeutic triad to gay and lesbian clients will occur. Understanding that homosexual feelings and feelings of homophobia are natural can go hand in hand with understanding one's values, beliefs and attitudes toward homosexuality.

Education (Gramick, 1983; Morin & Garfinkle, 1978) on homosexuality will also aid this process and increase the therapists ability to provide accurate empathy, warmth and genuineness. This education can occur through human sexuality courses, by attending seminars and workshops on homosexuality, and/or reading the professional literature on

homosexuality. Education will also help the therapist to be more informed on sexual problems of lesbian women and gay men. Exposure to experiences that challenge one's homophobic attitudes will also aid this process. For example, interacting personally with gay men and lesbian women will assist the therapist to understand his or her homophobia and attitudes toward homosexuality. Spending time with homosexuals will help to become aware of one's feelings when around homosexuals. Being around gay men and lesbian women will also help to eliminate the myths and sterotypes of homosexuality.

Another responsibility of the therapist to himself or herself (Meredith & Riester, 1980) is to be aware of his or her limitations. The therapist must examine his or her level of expertise, familiarity in dealing with the problems that are presented, interests, time demands, etc. If for any of these reasons or for other reasons, such as, having negative personal attitudes toward homosexuality, the therapist feels he or she cannot work with this client, than it is the responsibility of the therapist to make a referral. The therapist should be aware of other therapists that have expertise in working with gay or lesbian clients in the community, so that if he or she does not desire to work with a particular client an appropriate referral can be made.

The fundamental responsibility of the therapist to gay

and lesbian clients is to provide an environment of empathy, warmth, and genuineness. The therapist must be able to provide an accepting environment for the gay or lesbian client. This cannot be done without the therapist having worked through personal sexuality issues, values, feelings, and attitudes towards homosexuality. It is important for the therapist to accept the gay or lesbian client as he or she is. If this cannot be done for one reason or another, than a referral should be made. Acceptance of the gay or lesbian client will facilitate acceptance of self. Gay men and lesbian women have experienced much rejection because of their homosexual feelings and attractions by society, family, friends and may have rejected themselves or parts of themselves. Many painful experiences may have ocurred in the gay or lesbian client's life. Thus, acceptance of the client as he or she is and acceptance of his or her problems and pain by the therapist is crucial.

Another responsibility of the therapist to the client is to understand why the gay or lesbian client is seeking treatment at this time. The individual could be seeking treatment for any number of reasons. The issues that bring the gay or lesbian client into therapy could be related to the client's sexual orientation, sexual orientation could be secondary to the presenting problems, or the presenting problems could be unrelated to sexual orientation. Meredith and Riester (1980) expound on problem definition as follows:

> It can be concluded that some homosexuals seek treatment because of problems (e.g., guilt, anxiety, excessive drinking) that are secondary to a homosexual adjustment and the negative reactions of a culture to his/her sexual orientation. Furthermore, some individuals probably will seek treatment to change orientations because their homosexuality has developed from response deficits, social anxiety, or other related problems . . . some homosexuals, if they seek treatment at all, will do so for reasons completely independent of their sexual orientation" (p. 186).

Defining the presenting problem at the outset of therapy is vitally important, because the treatment strategies of therapy will be based on the presenting problems of the client.

Another major responsibility of the therapist to the client, according to Meredith and Reister (1980), is to allow the client to be responsible for choosing the therapeutic goals. The therapist and client should work together to determine the goals of treatment. In order for this to happen, there must be open communication and genuineness between the therapist and client. The therapist cannot have a hidden agenda for the client, such as, change of sexual orientation. The goals of therapy must be out in the open and understood by both the therapist and the client. It will be important for the therapist to discuss the various options for treatment goals and then allow the client to choose which direction he or she would like to pursue. In discussing treatment goals and strategies, Meredith and Riester (1980) emphasize the importance of considering attributes of the client, such as duration of

homosexual problems, age, previous heterosexual history and so on. These attributes will give the therapist and the client a sense of the prognosis of an intervention program. Not only should there be open communication and genuiness about treatment goals and strategies, but open communication and genuineness will also be important through out the course of therapy. It will be important for the client to be able to communicate openly, whatever the issue, to the therapist. For the therapist, communication of empathy, warmth, and genuineness to the client will be important.

The therapist also has the responsibility of expressing the complexity of the issues that are facing the gay or lesbian client. Dealing with issues of sexuality, masculinity, femininity, sexual orientation, etc., is a complicated undertaking and will cut across many levels of the client and who he or she is. Hart (1982) stresses the importance of viewing sexual identity as a core construct within the individual. One's sexuality has a "core" quality to it. It is intimately related to who one is as a person. In communicating the complexities, it will also be important for the therapist to communicate to the client that the process will be a painful one. It will be an extremely difficult process for the client to come to understanding, both intellectually and emotionally, of his or her sexuality issues. Despite the difficulties and painfulness of the process, the therapist and the client can together come to

an understanding of the client's issues.

In conclusion, fundamental to the success of therapy with gay and lesbian clients is the therapeutic triad. The therapist must be able to provide accurate conditions of empathy, warmth, and genuineness. In order for the therapist to make this provision of the triadic conditions, he or she must have examined his or her personal attitudes, beliefs, and values regarding homosexuality. In this therapeutic environment with empathy, warmth and genuineness, the therapist and client will be able to work through the client's problems.

References

American Psychiatric Association. (1968). Diagnostic and statistical manual of mental disorders (2nd ed.). Washington, DC: Author.

American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed. rev.). Washington, DC: Author.

Black, K. N. & Stevenson, M. R. (1984). The relationship of self-reported sex-role characteristics and attitudes toward homosexuality. Journal of Homosexuality, 10(1/2), 83-93.

Bowman, R. (1979). Public attitudes toward homosexuality in New Zealand. International Review of Modern Sociology, 9(2), 229-238.

Casas, J. M., Brady, S., & Ponterotto, J. G. (1983). Sexual preference biases in counseling: An information processing approach. Journal of Counseling Psychology, 30(2), 139-145.

Conger, J. (1975). Proceedings of the American Psychological Association for the year 1974: Minutes of the annual meeting of the council of representatives. American Psychologist, 30, 620-651.

Davison, G. C., & Friedman, S. (1981). Sexual orientation stereotypy in the distortion of clincal judgement. Journal of Homosexuality, 6(3), 37-44.

Davison, G. C. & Wilson, G. T. (1973). Attitudes of behavior therapists toward homosexuality. Behavior Therapy, 4, 686-696.

DeCrescenzo, T. A. (1983-84). Homophobia: A study of the attitudes of mental health professionals toward homosexuality. Journal of Social Work and Human Sexuality, 2(2-3), 115-136.

Fort, J. Steiner, C., & Conrad, F. (1971). Attitudes of mental health professionals toward homosexuality and it's treatment. Psychological Reports, 29, 347-350.

Garfinkle, E. M., & Morin, S. F. (1978). Psychologists' attitudes toward homosexual psychotherapy clients. Journal of Social Issues, 34(3), 101-112.

Gartrell, N., Kraemer, H., & Brodie, H. (1974). Psychiatrists' attitudes toward female homosexuality. Journal of Nervous and Mental Disease, 159(2), 141-144.

Glenn, N. D., & Weaver, C. N. (1979). Attitudes toward premarital, extramarital, and homosexual relations in the U.S. in the 1970's. Journal of Sex Research, 15(2), 108-118.

Goodyear, R. K., Abadie, P. D., & Barquest, K.A. (1981). Ascription of negative traits based on sex role and sexual orientation. Psychological Reports, 49(1), 194.

Gramick, J. (1983). Homophobia: A new challenge. Social Work, 28(2), 137-141.

Hansen, G. L. (1982). Measuring prejudice against homosexuality (homosexism) among college students: A new scale. The Journal of Social Psychology, 117, 233-236.

Hart, J. (1982). Counseling problems arising from the social categorization of homosexuals. Bulletin of the British Psychological Society, 36, 195-200.

Herek, G. M. (1984). Attitudes towards lesbian and gay men: A factor-analytic study. Journal of Homosexuality, 10(1-2), 39-51.

Herek, G. M. (1986). On heterosexual masculinity. American Behavioral Scientist, 29(5), 563-577.

Hochstein, L. M. (1986). Pastoral counselors: Their attitudes toward gay and lesbian clients. The Journal of Pastoral Care, 40(2), 158-165.

Kite, M.E. (1984). Sex differences in attitudes toward homosexuals: A meta-analytic review. Journal of Homosexuality, 10(1/2), 69-81.

Krulewitz, J., & Nash, J. (1980). Effects of sexual attitudes and similarity on men's reactions to homosexuals. Journal of Personality and Social Psychology, 38, 76-74.

Lance, L. M. (1987). The effects of interaction with gay persons on attitudes toward homosexuality. Human Relations, 40(6), 329-336.

Laner, M. R. & Laner, R. H. (1979). Personal style or sexual preference: Why gay men are disliked. International Review of Modern Sociology, 9(2), 215-228.

Laner, M. R. & Laner, R. H. (1980). Sexual preference or personal style: Why lesbians are disliked. Journal of Homosexuality, 5(4), 339-356.

Larsen, K. S., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A likert-type scale and construct validity. Journal of Sex Research, 16(3), 245-257.

Lieblich, A. & Friedman, G. (1985). Attitudes toward male and female homosexuality and sex-role stereotypes in Israeli and America students. Sex Roles, 12(5-6), 561-570.

MacDonald, A. P., Jr. & Games, R. G. (1974). Some characteristics of those who hold positive and negative attitudes toward homosexuals. Journal of Homosexuality, 1(1), 9-27.

Maret, S. M. (1984). Attitudes of fundamentalists toward homosexuality. Psychological Reports, 55(1), 205-206.

Meredith, R. L. & Riester, R. W. (1980). Psychotherapy, responsibility, and homosexuality: Clinical examination of socially deviant behavior. Professional Psychology, 11(2), 174-193.

Messing, A. E., Schoenberg, R., & Stephens, R. K. (1983-84). Confronting homophobia in health care settings: Guidelines for social work practice. Journal of Social Work and Human Sexuality, 2(2-3), 65-74.

Minnigerode, F. A. (1976). Attitudes toward homosexuality: Feminist attitudes and sexual conservatism. Sex Roles, 2(4), 347-352.

Morin, S. F. & Garfinkle, E. M. (1978). Male homophobia. Journal of Social Issues, 34(1), 29-47.

Nyberg, K. L. & Alston, J. P. (1976-77). Analysis of public attitudes toward homosexual behavior. Journal of Homosexuality, 2(2), 99-107.

Page, S. & Yee, M. (1985). Conception of male and female homosexual stereotypes among university undergraduates. Journal of Homosexuality, 12(1), 109-118.

Pagtolun-an, I. G. & Clair, J. M. (1986). An experimental study of atttudes toward homosexuals. Deviant Behavior, 7(2), 121-135.

Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. Psychotherapy, 21, 431-438.

Price, J. H. (1982). High school students' attitudes toward homosexuality. The Journal of School Health, 52(8), 469-474.

Ross, M. W. (1978). The relationship of perceived social hostility, conformity, and psychologial adjustment in homosexual males. Journal of Homosexuality, 4(2), 157-168.

Ross, M. W. (1983). Societal relationships and gender role in homosexuals: A cross-cultural comparison. The Journal of Sex Research, 19(3), 273-288.

Schneider, W. & Lewis, I. A. (1984). The straight story on homosexuality and gay rights. Public Opinion, 7(1), 16-20, 59-60.

Staats, G. R. (1978). Stereotype content and social distance: Changing views of homosexuality. Journal of Homosexuality, 4(1), 15-28.

Steffensmeier, D. & Steffensmeier, R. (1974). Sex differences in reactions to homosexuals: Research continuities and further developments. The Journal of Sex Research, 10, 52-67.

Storms, M. D. (1978). Attitudes toward homosexuality and femininity in men. Journal of Homosexuality, 3(3), 257-263.

Taylor, A. (1983). Conceptions of masculinity and femininity as a basis for stereotypes of male and female homosexuals. Journal of Homosexuality, 9(1), 37-53.

Thompson, G. H. & Fishburn, W. R. (1977). Attitudes toward homosexuality among graduate counseling students. Counselor Education and Supervision, 17(2), 121-130.

Winberger, L. L. & Millham, J. (1979). Attitudinal homophobia and support of traditional sex roles. Journal of Homosexuality, 4(3), 236-246.

Young, M. & Whertvine, J. (1982). Attitudes of heterosexual students toward homosexual behavior. Psychological Reports, 51(2), 673-674.